Island County General Services Administration

	F	REQUEST FOR PL	JBLIC RECO	ORDS		
	y's Date:					
Print	Name:					
Mailii	ng Address:					
		[CITY]		[STATE]	[ZIP CODE]	
Phon	e number where I can b	e reached during day:	[AREA C	ODE] [PHONE]	_	
Ident	ification or description o	of records (include date	, as best know	n):		
Upon	locating documents I re	equest:				
[] [] []	Inspection Only Copy All Inspection, then copy selected pages		[] [] []	Printed records only Electronic records only Print and electronic records		
Date	desired:	[Most requests	are filled within	five business	days]	
Wash	request is for a list of ir nington that the information erstand that the county do	n obtained through this re	equest will not be	e used for com	mercial purposes.	
Date:	·					
Place	::		[SIGNATURE]			
FOR CO	DUNTY USE	DA	TE INITIAL	<u> </u>		
FIVE-DA REQUE	ECEIVED: AY NOTICE SENT: ST SATISFIED:					

Island County General Services Administration

REQUEST FOR PUBLIC RECORDS

Public Records Contact: Lynette Goodell

Island County Administration Building, Room 200

1 NE 7th Street PO Box 5000

Coupeville, WA 98239

(360) 679-7378

Office hours: 8:00 a.m. to 4:30 p.m. Monday - Friday

Public records are available upon written request for inspection and disclosure. Requests for inspection and disclosure of public records should identify the particular record desired with enough specificity so it can be located.

Most requests are filled within 5 days.

Records that are part of a larger set may be made available on a partial or installment basis as records are assembled or made ready.

Cost per page copied: \$.25 (No fee is charged for the inspection of public records).

A deposit may be required in an amount not exceeding 10% of the estimated cost of providing copies for a request. If a request for copies is made on available on a partial or installment basis, a charge may be made for each part of the request as it is provided.